

STATE OF MAINE  
WATER WELL DRILLING COMMISSION  
161 CAPITOL STREET  
AUGUSTA, MAINE 04330-0011

**WATER WELL DRILLING REGISTRATION APPLICATION**

I, \_\_\_\_\_, in accordance with 32 MRSA §4700-I sub-§§2.A hereby apply for a \_\_\_\_\_ (master, journeyman, apprentice) well driller registration, certify that I have been actively engaged in the trade of well drilling and have a minimum of \_\_\_\_\_ years experience in well drilling and have worked an average of \_\_\_\_\_ hours per year as a \_\_\_\_\_ (journeyman, apprentice) well driller for each of those years, and have enclosed the required registration fee. I have stated my pertinent work history on the back of this form, as required by Section D-202.0 of the Well Driller and Pump Installer Rules.

**IF APPLYING FOR A MASTER WELL DRILLING REGISTRATION, HOW MANY RIGS ARE YOU RESPONSIBLE FOR?** \_\_\_\_\_

I use the following type(s) of equipment:

[ ] Rotary Drill [ ] Cable Tool [ ] Other \_\_\_\_\_

**PLEASE TYPE OR PRINT IN INK**

Name of Applicant \_\_\_\_\_

Address \_\_\_\_\_

Telephone \_\_\_\_\_ Social Security # \_\_\_\_\_

Signature \_\_\_\_\_

**BE SURE TO COMPLETE WORK EXPERIENCE SECTION ON BACK**

Employer/Company Name \_\_\_\_\_

Address \_\_\_\_\_

Telephone \_\_\_\_\_ Federal ID # \_\_\_\_\_

If a corporation, incorporated under the laws of what state? \_\_\_\_\_

If a partnership, attach names and addresses of partners. If a privately held corporation, attach names and addresses of all officers and directors.

**FEE SCHEDULE (Section D-204.6) - CHECK APPROPRIATE BOX**

Master Well Driller	[ ] \$120.00
(See Section D-202.2)	
Journeyman Well Driller	[ ] \$ 88.00
(See Section D-202.3)	
Apprentice Well Driller	[ ] \$-0-
(See Section D-202.4)	

**MAKE CHECK PAYABLE TO STATE TREASURER FOR THE APPROPRIATE FEE AND SUBMIT WITH THE COMPLETED APPLICATION TO:** ME Water Well Drilling Commission, Health Engineering, State House Station 11, Augusta, ME 04330